

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90138 026 \*\*\*150.00

**DOCUMENT # P96000089494**

1. Entity Name  
**ISLAND MARINE TOWING, INC.**

Principal Place of Business Mailing Address  
**928 SUNDROP CT 928 SUNDROP CT**  
**MARCO ISLAND FL 34145 MARCO ISLAND FL 34145-2332**

**CHANGE OF ADDRESS**

2. Principal Place of Business 3. Mailing Address  
**161 W. PAGO PAGO DR 161 W. PAGO PAGO DR**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**NAPLES, FL NAPLES, FL**

Zip Country Zip Country  
**34113 US 34113 USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3424921** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SATTERFIELD, DAVID P**  
**928 SUNDROP CT**  
**MARCO ISLAND FL 34145**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-20-00**

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	<b>SATTERFIELD, DAVID</b>	<b>928 SUNDROP CT</b>	<b>MARCO ISLAND FL 34145</b>	<input type="checkbox"/>
T	<b>SATTERFIELD, SEYLA</b>	<b>928 SUNDROP CT</b>	<b>MARCO ISLAND FL 34145</b>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RECORDED** **1-20-99** **941 382-1127**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)